



City of Del City Oklahoma

Office use only:

Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Account #: \_\_\_\_\_

**RESIDENTIAL APPLICATION**

There is a **\$25.00 non-refundable Utility Service Application fee** to set up any service. You need 1 photo form of U.S. Government issued ID, for everyone over 18 years old. A lease, rental agreement or ownership paperwork is required.

Forms of ID are: Driver's Licenses, Military ID, State ID, or Passport.

**Deposits are \$120.00 for renters and \$90.00 for home owners** and are due at time of start up. **Application must be approved and an occupancy permit issued before service is activated. Utility services will not be activated after 4:00 pm Monday through Friday.**

**Utility accounts will be established in the name of the occupant only.**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
Please Print

Any other names used \_\_\_\_\_ DL# \_\_\_\_\_ Exp \_\_\_\_\_

Are you active duty military? Yes No Do you: Rent Own

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Employed By \_\_\_\_\_ Number of anticipated occupants: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse's DL# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to acct holder: \_\_\_\_\_

**Previous address history (include last five years):**

**1<sup>st</sup> Previous Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

Verified  Unverified

**2<sup>nd</sup> Previous Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

Verified  Unverified

Other Utility Account Information (Please list all other utilities that are on *or will be* on in the house):

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Utility Name: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Do you have a delinquent balance due with any other utility provider?  Yes  No

Are you a legal resident or citizen of the United States?  Yes  No

**Other Occupants (all occupants over the age of 18 are required to be included in this contract information):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
How Related: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
How Related: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
How Related: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**Please read and initial the following statements.**

\_\_\_\_\_ I understand that the amount of the bill for City Utility Services is Due on the due date. If the bill is not paid by 5pm on the due date stated on my bill, I understand that a penalty \$25.00 will be added to my bill and that a \$50.00 Termination Fee will be added if services are processed for Cut-Off, even if water is not physically shut off. I understand that all Utility Rates are set by the City Council and are governed by Chapters 21 of the Del City Code. If my account is finalized for non-payment an additional \$100.00 deposit will be required to reactivate the account.

\_\_\_\_\_ I understand that in addition to a deposit or a Letter of Credit Worthiness, a \$25.00 nonrefundable setup fee must be paid before service is established.

\_\_\_\_\_ I understand that this account must have a deposit in place to reinstate terminated services.

\_\_\_\_\_ I understand that a returned check will result in a \$50.00 fee and that after a second return check all future payments are required to be made in cash only.

\_\_\_\_\_ I understand that it is illegal for anyone other than City of Del City employees to turn on water service, and such action will result in a tampering fee of \$100.00 and may result in criminal action against the account holder.

\_\_\_\_\_ I understand that the application approval process will include verifying identification information and requesting credit history information from credit bureaus and other utility companies. **I understand that delinquent utility bills with other service providers may need to be resolved before services can be initiated.**

**\_\_\_\_\_ I UNDERSTAND THAT SOMEONE WILL NEED TO BE AT THE SERVICE ADDRESS IN ORDER FOR THE CITY OF DEL CITY TO TURN WATER ON. IF THERE IS NOBODY AT THE HOUSE AND THE CITY CANNOT TURN THE WATER ON, THERE IS A CHANCE I WILL HAVE TO WAIT UNTIL THE FOLLOWING BUSINESS DAY TO GET SERVICE CONNECTED.**

***Please call (405) 670-7320 if you have any questions.***

*By signing this application I certify that I have read and understand the rules and regulations of the Del City Utility Billing Department. Also, I acknowledge that the City of Del City Requires that the occupant of the house must be the account holder for the utilities provided by The City of Del City and I certify that all the information on this application is correct and that I am the occupant of the property.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other occupant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All occupants are required to sign this application.**